Table 1. Human Rabies Postexposure Prophylaxis (PEP) in Texas - Guide

The following guidelines can be used in determining whether PEP is appropriate in response to a potential exposure to rabies. An exposure is defined as 1) an animal bite (or scratch) which breaks the skin or 2) exposure of broken skin (bled or had serous drainage within the past 24 hours) or mucous membranes to saliva or cerebrospinal fluid. Stool, blood, urine, and skunk spray do not contain rabies virus.

Risk Category of Biting Animal	Laboratory Testing Result	Quarantine/ Observation or Testing	Human Postexposure Prophylaxis
Low (mice, rats, squirrels, nutria, rabbits, opossums, armadillos, shrews, prairie dogs, beavers, gophers, and other rodents)	Testing is not required unless the Local Rabies Control Authority (LRCA) or physician has cause to believe the animal is rabid.	Not applicable	Testing or PEP is not required unless the LRCA or physician has cause to believe the biting animal is rabid.
High (Bats ¹ , coyotes, foxes, raccoons, skunks) or type of biting animal is unknown	Positive or non-negative ²	Animal tested	Administer PEP (usually acceptable to wait up to 72 hours for test results or efforts to locate the animal before beginning PEP unless animal displayed signs compatible with rabies).
	Negative	Animal tested	PEP not administered.
	Animal not available	Not possible	Administer PEP.
Dog, Cat, Domestic Ferret ³	Positive	Animal tested	Administer PEP (usually acceptable to wait up to 72 hours for test results or efforts to locate the animal before beginning PEP unless animal displayed signs compatible with rabies).
	Negative Not tested pending outcome of quarantine (animal placed in quarantine until end of a 10-day observation period)	Animal tested Animal placed in quarantine until end of a 10-day observation period. If animal shows clinical signs of rabies, it should be immediately euthanized and tested	PEP not administered. PEP not administered if animal is available for quarantine/10-day observation. If animal shows clinical signs of rabies, it should be immediately euthanized and tested; PEP could be started immediately without waiting for test results and discontinued if test is negative.
	Animal not available or non-negative ²	Not possible	Consult public health professional.
All Other Warm-Blooded Animals	Positive	Animal tested	Administer PEP.
	Negative	Animal tested	PEP not administered.
	Non-negative ²	Animal tested	Consult public health professional.
	Not tested	30-day observation ⁴	Consult public health professional.
	Animal not available	Not possible	Consult public health professional.

^{1.} In incidents involving bats, PEP may be appropriate even in the absence of demonstrable bite, scratch, or mucous membrane exposure in situations in which there is reasonable probability that such exposure may have occurred (e.g., sleeping individual awakes to find a bat in the room, a person witnesses a bat in the room with a previously unattended child, mentally challenged person, intoxicated individual, etc.).

^{2. &}quot;Non-negative" includes all specimens not suitable for testing (destroyed, decomposed, etc.).

^{3.} The decision whether a dog, cat, or domestic ferret should be euthanized and tested or quarantined rests with the Local Rabies Control Authority.

^{4.} The Local Rabies Control Authority may authorize a 30-day observation period in lieu of testing.

Table 2. Rabies postexposure prophylaxis schedule, United States

Vaccination Status	Treatment	Regimen*
Not previously vaccinated	Local wound cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water, plus application of an iodine-based antiseptic.
	HRIG	20 IU/kg or 0.06 ml/lb body weight. As much as possible of the full dose should be infiltrated into and around the wound(s), and the remainder should be administered IM in the closest muscle mass of suitable size to accommodate the remainder of the HRIG. The muscle mass selected for HRIG must differ from that selected for initial vaccine administration. HRIG should not be administered in the same syringe as vaccine. Administration of HRIG in the gluteal area is discouraged due to the increased risk of injection into adipose tissue. Because HRIG may partially suppress active production of antibody, no more than the recommended dose should be given.
	Vaccine	HDCV or PCEC, 1.0 ml, IM (deltoid areas**), on days 0, 3, 7, and 14 (day 0 indicates the first day of treatment). Note: immunocompromised patients should receive a 5 th dose of vaccine on day 28.
Previously vaccinated***	Local wound cleansing	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water, plus application of an iodine-based antiseptic.
	HRIG	HRIG should not be administered.
	Vaccine	HDCV or PCEC 1.0 ml, IM (deltoid areas**), on days 0 and 3.

^{*}These regimens are applicable for all age groups, including children, and to pregnant women.

^{**}The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. Vaccine should never be administered in the gluteal area.

^{***}Any person with either a history of preexposure vaccination with HDCV or PCEC, prior postexposure prophylaxis with HDCV or PCEC, or previous vaccination with any other type of rabies vaccine **and** a documented history of antibody response to the prior vaccination.